

CONFIDENTIAL

State of Minnesota

District Court

County

Judicial District: _____

Court File Number: _____

Case Type: General

Petitioner

vs.

**Supplemental Affidavit
for Proceeding
In Forma Pauperis
(Minn. Stat. § 563.01)**

Respondent

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where *Affidavit* signed)

1. I am a party in this action and make this request in good faith.

2. (Check one of the following:)

☐ An order allowing me to proceed *in forma pauperis* without paying filing fees, service and publication fees, and copy fees has previously been issued in this case.

Or

☐ I have completed and attached an "Affidavit for Proceeding *In Forma Pauperis*."

3. I am asking for an order directing the payment of the following costs by the state courts:

a. ☐ Witness/expert witness for: _____
☐ Trial ☐ Deposition

Name and address of witness: _____

I expect this witness to provide the following evidence or testimony (please give a general description):

I estimate the costs for this witness to be:

Subpoena \$ _____
Service Fee \$ _____

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Mileage \$ _____
Attendance Fee \$ _____
Other _____ \$ _____

- b. ☐ Transcript expenses:
Date of hearing, trial or deposition: _____

I need a copy of this transcript for the following reasons:

I estimate the costs of obtaining this transcript to be:

Court reporter fees \$ _____
Copy fees \$ _____
Other; _____ \$ _____

- c. ☐ Other expenses:
- _____

These expenses are necessary because:

Estimated costs: \$ _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature
Name: _____
Address: _____
City/State/Zip: _____
Telephone: (_____) _____
E-mail address: _____